

# Work Order ID 135816

**\*135816\***

Page 1

August 20, 2015 11:56:59 AM

Item ID: D3914-041      Accept      **\*N900040100\***      Setup      Start      **\*NS1\***  
 Revision ID:      Stop      **\*NS2\***  
 Item Name: Long Basket Lid Assembly (350)  
 Start Date: 8/20/2015      Start Qty: 1.00      **\*1\***      Cust Item ID:  
 Required Date: 9/3/2015      Req'd Qty: 1.00      **\*1\***      Customer:  
 Reference:

Approvals:      Process Plan: SA      **20150820**      Tooling:      Date:      Run      Start      **\*NR1\***  
 QC:      Date:      SPC (Y/N):      Date:      Stop      **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D3914                          | C                        |                      |         |        |              |               |               |                  |                |
| D4020                          | A                        |                      |         |        |              |               |               |                  |                |

100      Weld per dwg A/R S.S. rod Batch: 413147      0.00

**\*100\***

Large Fab

Large Fab

Large Fab

Memo

0.00

1- assemble ribs , weld as per dwg D3914 using DT9607A

2- weld hinge (3) and Mounting brackets as per dwg D3914

\*\*\*Visual inspect before welding mesh\*\*\*

3- tack weld mesh on basket as per dwg D3914

\*\*\*Cut out mesh where label plate goes in center off basket lid as per dwg D4020-5. Make sure to place mesh correctly on lid, check with label plate before tacking mesh\*\*\*

DAS  
43  
9-89

AUG 28 2015

110

QC9- Inspect visual per QSI004- Fusion Welds      0.00

**\*110\***

QC

Quality Control

Memo

0.00

SEP 10 2015

DAS  
24  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                          |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |

# Work Order ID 135816

August 20, 2015 11:56:59 AM

**\*135816\***

Page 2

Item ID: D3914-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Long Basket Lid Assembly (350)  
Start Date: 8/20/2015 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 9/3/2015 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

|     |                                               |      |  |  |  |  |  |  |  |
|-----|-----------------------------------------------|------|--|--|--|--|--|--|--|
| 120 | QC5- Inspect part completeness to step on W/O | 0.00 |  |  |  |  |  |  |  |
|-----|-----------------------------------------------|------|--|--|--|--|--|--|--|

**\*120\***

QC

Memo

0.00

Quality Control

1 SEP 10 2015 24 9-89

|     |                                           |      |  |  |  |  |  |  |  |
|-----|-------------------------------------------|------|--|--|--|--|--|--|--|
| 130 | Black Sandtex(Ref:4.3.5.7) per QSI005 4.3 | 0.00 |  |  |  |  |  |  |  |
|-----|-------------------------------------------|------|--|--|--|--|--|--|--|

**\*130\***

Powdercoat

m 123480

Memo

0.00

Powder Coating

\*\*\* mask sides of hinge prior to powdercoat\*\*\*

Start Time: 9/10

Oven Temperature: 3200

Finish Time: 9:40

1 15-9-10 23 8

|     |                                                  |  |  |  |  |  |  |  |  |
|-----|--------------------------------------------------|--|--|--|--|--|--|--|--|
| 140 | Wing Walk as per dwg QSI005 4.4 Batch 11132 5017 |  |  |  |  |  |  |  |  |
|-----|--------------------------------------------------|--|--|--|--|--|--|--|--|

**\*140\***

HandFinish

Memo

0.00

Hand Finishing

1- Mask data plate and apply wing walk on outside surface of mesh as per dwg

2- Install label as per dwg

\*\*\*Mask label plate to size of label, use scotchbrite red pad to lightly sand area for label, apply label\*\*\*

1x f 11/15/10/09

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
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# Work Order ID 135816

**\*135816\***

Page 3

August 20, 2015 11:56:59 AM

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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
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| Sequence ID/<br>Work Center ID | Operation<br>Description                         | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|--------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 150                            | QC3- Inspect Part Finish                         | 0.00                 |         |        |              |               |               |                  | DAS<br>38<br>9-89 |
| <b>*150*</b>                   |                                                  |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                             | 0.00                 |         |        |              |               |               |                  | SEP 14 2015       |
| Quality Control                |                                                  |                      |         |        |              |               |               |                  |                   |
| 160                            | Identify as per dwg & Stock Location: <u>wlo</u> | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*160*</b>                   |                                                  |                      |         |        |              |               |               |                  |                   |
| Packaging                      | Memo                                             | 0.00                 |         |        |              |               |               |                  |                   |
| Packaging                      |                                                  |                      |         |        |              |               |               |                  |                   |
| 170                            | QC21- Final Inspection - Work Order Release      | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*170*</b>                   |                                                  |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                             | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                |                                                  |                      |         |        |              |               |               |                  |                   |

*MS 9-14*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only: ☐

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Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                   |                                   |                                              |                                        |                                   | Skid-tube <input type="checkbox"/>    | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/>     | Machining <input type="checkbox"/>          | Small Fab <input type="checkbox"/>        | Prod. 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| <b>Root Cause</b><br><table style="width: 100%; border: none;"> <tr> <td style="border: none;">Environment <input type="checkbox"/></td> <td style="border: none;">No Re-verification <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Design <input type="checkbox"/></td> <td style="border: none;">Operator <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Doc/Data <input type="checkbox"/></td> <td style="border: none;">Offset/Setup <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Equip/Tooling <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Handling/Pre <input type="checkbox"/></td> <td style="border: none;">Training <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Material <input type="checkbox"/></td> <td style="border: none;">Use for Testing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Internal Transport <input type="checkbox"/></td> <td style="border: none;">Poor Information <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Tribal Knowledge <input type="checkbox"/></td> <td style="border: none;">Rushing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">LOA <input type="checkbox"/></td> <td style="border: none;">Product Improvement <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Substation <input type="checkbox"/></td> <td style="border: none;">Process Improvement <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Past Expiry Date <input type="checkbox"/></td> <td style="border: none;">Manufacturing Process <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Misidentified <input type="checkbox"/></td> <td style="border: none;">Past Due <input type="checkbox"/></td> </tr> </table> |                                                            | Environment <input type="checkbox"/>                                                                                                                                               | No Re-verification <input type="checkbox"/>   | Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>        | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>   | Material <input type="checkbox"/>  | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/>  | Rushing <input type="checkbox"/> | LOA <input type="checkbox"/>           | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/>          | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width: 100%; border: none;"> <tr> <td style="border: none;">Pressure/Forced <input type="checkbox"/></td> <td style="border: none;">Temperature/Cure <input type="checkbox"/></td> <td style="border: none;">Power Loss/Surge <input type="checkbox"/></td> <td style="border: none;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Bending <input type="checkbox"/></td> <td style="border: none;">Set-up <input type="checkbox"/></td> <td style="border: none;">Folio/Program <input type="checkbox"/></td> <td style="border: none;">Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Centre Not Concentric <input type="checkbox"/></td> <td style="border: none;">BOM/Route <input type="checkbox"/></td> <td style="border: none;">Grain <input type="checkbox"/></td> <td style="border: none;">Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Cracks <input type="checkbox"/></td> <td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td> <td style="border: none;">Weld <input type="checkbox"/></td> <td style="border: none;">Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td> <td style="border: none;">Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Cuffs <input type="checkbox"/></td> <td style="border: none;">Contamination <input type="checkbox"/></td> <td style="border: none;">Out of Sequence <input type="checkbox"/></td> <td style="border: none;">Part Moved <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Crushing <input type="checkbox"/></td> <td style="border: none;">Countersink <input type="checkbox"/></td> <td style="border: none;">Off-set <input type="checkbox"/></td> <td style="border: none;">Drawing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Heat Treat <input type="checkbox"/></td> <td style="border: none;">Cut Too Short <input type="checkbox"/></td> <td style="border: none;">Mislabeled <input type="checkbox"/></td> <td style="border: none;">Finish <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td> <td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td> <td style="border: none;">Fit/Function <input type="checkbox"/></td> <td style="border: none;">Misread <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Marks/Chatter <input type="checkbox"/></td> <td style="border: none;">Drill Holes <input type="checkbox"/></td> <td style="border: none;">Misaligned/off center <input type="checkbox"/></td> <td style="border: none;">Turning Sequence <input type="checkbox"/></td> </tr> </table> |  |  |  |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                            | Positioned Wrong <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                            | Outside Dimensions <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                            | Over/Under tolerance <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                            | Part Incorrect <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                            | Part Lost/Missing <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                            | Part Moved <input type="checkbox"/>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                            | Drawing <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                | Finish <input type="checkbox"/>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                              | Misread <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                     | Turning Sequence <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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# Picklist Print

August 20, 2015 11:57:18 AM

Page 1

Work Order ID: 135816

\*135816\*

Parent Item: D3914-041

\*D3914-041\*

Parent Item Name: Long Basket Lid Assembly (350)

Start Date: 8/20/2015

Required Date: 9/3/2015

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A new issue DD 10.03.19 verified by:EC IPP Rev:B  
as per dwg revB DD 10.08.18 verified by:EC IPP Rev:C 13.03.14 AS  
PER DWG REV.pc1 DD VERF:JLM IPP REV:D 13.06.21 DWG  
REV.C DD VERF:JFS

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued    | Status      |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|-------------------|-------------|
| D3914-1                         |                        | Manufactured  | No          |                     |                  | 100             | Each               | 6.0000         | 2           | 2               |               |                   |             |
| *D3914-1*                       |                        |               |             |                     |                  |                 |                    |                | **          |                 |               | DAS<br>43<br>9-89 | AUG 27 2015 |
| Rib                             |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                   |             |
|                                 |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                   |             |
|                                 |                        |               |             | WA004               |                  |                 |                    | 6              |             |                 |               |                   |             |
|                                 |                        |               |             |                     | 135327           |                 |                    | 6              |             |                 |               |                   |             |
| D3914-7                         |                        | Manufactured  | No          |                     |                  | 100             | Each               | 7.0000         | 2           | 2               |               |                   |             |
| *D3914-7*                       |                        |               |             |                     |                  |                 |                    |                | **          |                 |               | DAS<br>43<br>9-89 | AUG 27 2015 |
| Rib                             |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                   |             |
|                                 |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                   |             |
|                                 |                        |               |             | WA004               |                  |                 |                    | 7              |             |                 |               |                   |             |
|                                 |                        |               |             |                     | 132563           |                 |                    | 5              |             |                 |               |                   |             |
|                                 |                        |               |             |                     | 135330           |                 |                    | 2              |             |                 |               |                   |             |
| D4018-5                         |                        | Manufactured  | No          |                     |                  | 100             | Each               | 21.0000        | 9           | 9               |               |                   |             |
| *D4018-5*                       |                        |               |             |                     |                  |                 |                    |                | **          |                 |               | DAS<br>43<br>9-89 | AUG 27 2015 |
| Rib                             |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                   |             |
|                                 |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                   |             |
|                                 |                        |               |             | WA004               |                  |                 |                    | 21             |             |                 |               |                   |             |
|                                 |                        |               |             |                     | 133880           |                 |                    | 12             |             |                 |               |                   |             |
|                                 |                        |               |             |                     | 135225           |                 |                    | 9              |             |                 |               |                   |             |

# Picklist Print

August 20, 2015 11:57:18 AM

Work Order ID: 135816

\*135816\*

Parent Item: D3914-041

\*D3914-041\*

Parent Item Name: Long Basket Lid Assembly (350)

Start Date: 8/20/2015

Required Date: 9/3/2015

Start Qty: 1.00

Required Qty: 1.00

D4035-043 Manufactured No 100 Each 8.0000 2 2 **DAS 43 9-89 AUG 27 2015**  
**\*D4035-043\***  
 Lid Rib Assembly, Aft (350 Basket)

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| WA004    | 8       |          |
| 135224   | 2       |          |
| 135718   | 6       |          |

B135718 → 2

D2581 Manufactured No 100 Each 75.0000 2 2 **DAS 43 9-89 AUG 27 2015**  
**\*D2581\***  
 Mounting Bracket

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| WA004    | 75      |          |
| 132771   | 75      |          |

B132771 → 2

D2728-3 Manufactured Yes 140 Each 0.0000 0 0 **DAS 43 9-89 AUG 27 2015**  
**\*D2728-3\***  
 Dart Logo Label Large

D4016-3 Manufactured No 100 Each 9.0000 3 3 **DAS 43 9-89 AUG 27 2015**  
**\*D4016-3\***  
 Hinge Half, Lid

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| WA004    | 9       |          |
| 133992   | 9       |          |

B133992 → 3

D4020-5 Manufactured No 100 Each 6.0000 1 1 **DAS 43 9-89 AUG 27 2015**  
**\*D4020-5\***  
 Mesh (350 Basket Long, Lid)

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| WA004    | 6       |          |
| 129375   | 1       |          |
| 135302   | 1       |          |
| 135719   | 4       |          |

B135719 → 1



# Picklist Print

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August 20, 2015 11:57:19 AM

Work Order ID: 135816

\*135816\*

Parent Item: D3914-041

\*D3914-041\*

Parent Item Name: Long Basket Lid Assembly (350)

Start Date: 8/20/2015

Required Date: 9/3/2015

Start Qty: 1.00

Required Qty: 1.00

D4021-3

Manufactured

No

100

Each

0.0000

1

1

DAS

43

9-89

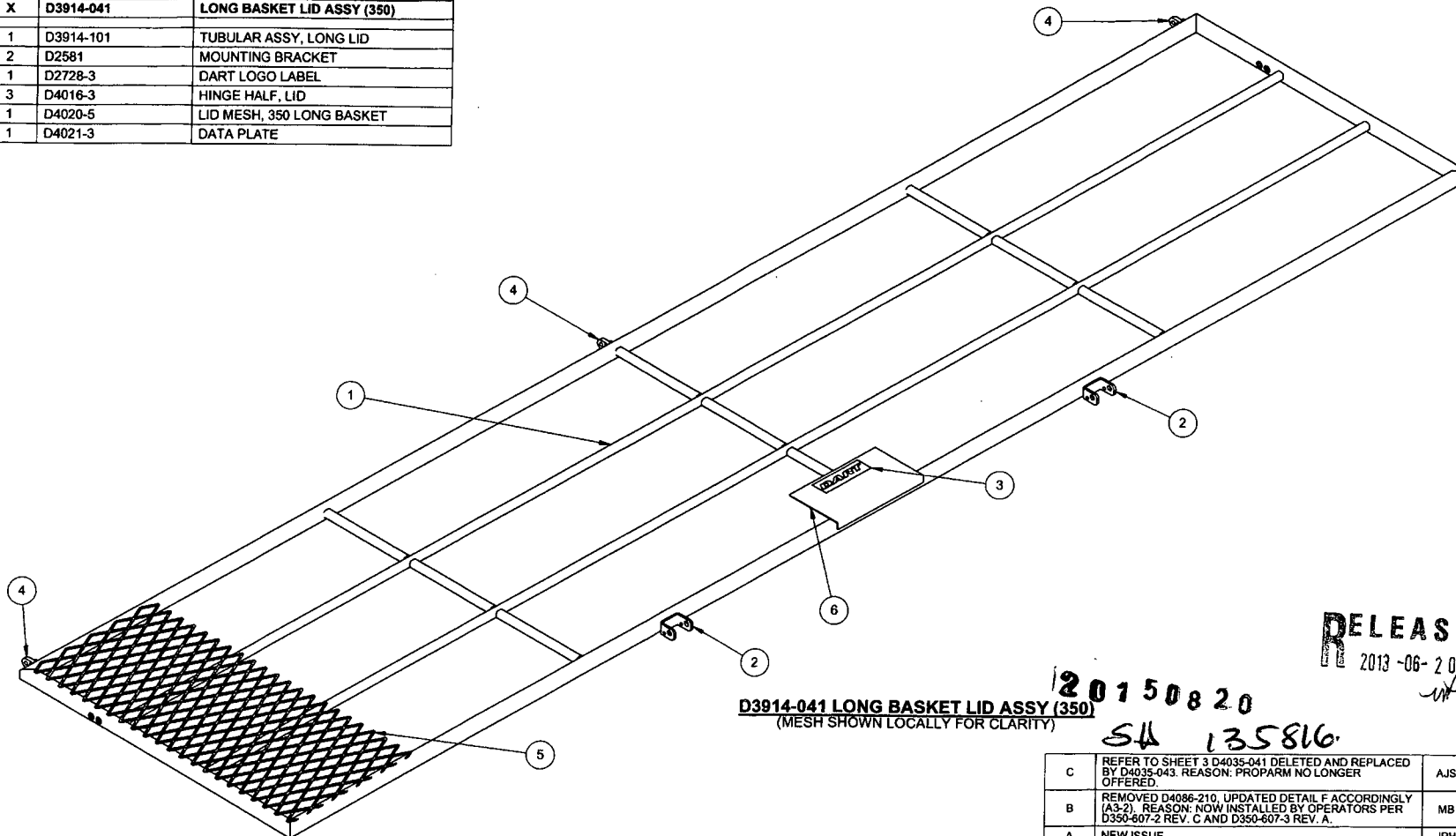
AUG 27 2015

✓ \*D4021-3\*

Data Plate

\*\*B133179 → 1

| ITEM | QTY<br>-041 | P/N       | DESCRIPTION                |
|------|-------------|-----------|----------------------------|
|      | X           | D3914-041 | LONG BASKET LID ASSY (350) |
| 1    | 1           | D3914-101 | TUBULAR ASSY, LONG LID     |
| 2    | 2           | D2581     | MOUNTING BRACKET           |
| 3    | 1           | D2728-3   | DART LOGO LABEL            |
| 4    | 3           | D4016-3   | HINGE HALF, LID            |
| 5    | 1           | D4020-5   | LID MESH, 350 LONG BASKET  |
| 6    | 1           | D4021-3   | DATA PLATE                 |



**D3914-041 LONG BASKET LID ASSY (350)**  
(MESH SHOWN LOCALLY FOR CLARITY)

|            |                                                                                                                                         |                                                                                                                                                                                                                                                                          |              |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| REV.       | DESCRIPTION                                                                                                                             | BY                                                                                                                                                                                                                                                                       | DATE         |
| C          | REFER TO SHEET 3 D4035-041 DELETED AND REPLACED BY D4035-043. REASON: PROPARM NO LONGER OFFERED.                                        | AJS                                                                                                                                                                                                                                                                      | 13.03.13     |
| B          | REMOVED D4086-210, UPDATED DETAIL F ACCORDINGLY (A3-2). REASON: NOW INSTALLED BY OPERATORS PER D350-607-2 REV. C AND D350-607-3 REV. A. | MB                                                                                                                                                                                                                                                                       | 10.08.05     |
| A          | NEW ISSUE                                                                                                                               | JPH                                                                                                                                                                                                                                                                      | 10.03.16     |
| DESIGN     | AJS                                                                                                                                     | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |              |
| DRAWN      | AJS                                                                                                                                     |                                                                                                                                                                                                                                                                          |              |
| CHECKED    | A.P.                                                                                                                                    | DRAWING NO.                                                                                                                                                                                                                                                              | REV. C       |
| MFG. APPR. | D                                                                                                                                       | D3914                                                                                                                                                                                                                                                                    | SHEET 1 OF 4 |
| APPROVED   | 1/2                                                                                                                                     | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | 1/2                                                                                                                                     | LONG BASKET LID ASSY (350)                                                                                                                                                                                                                                               | NTS          |
| DATE       | 13.03.13                                                                                                                                | COPYRIGHT © 2010 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

RELEASED  
2013-06-20

20150820

54 135816

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



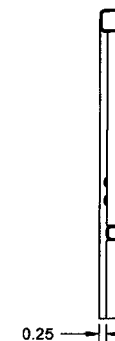
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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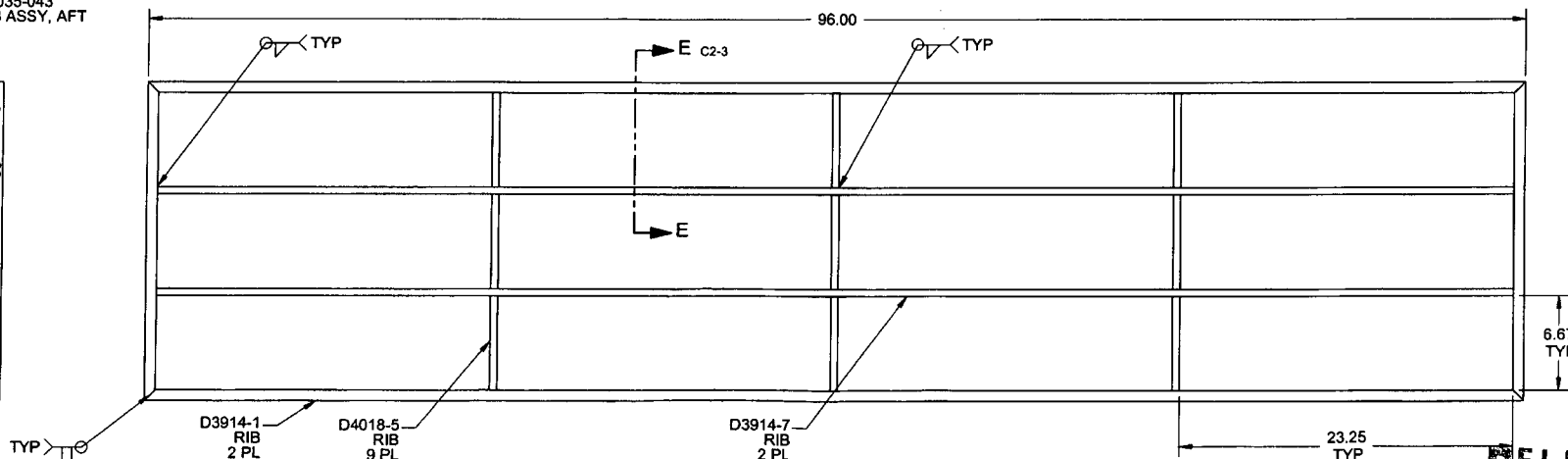
| ITEM | QTY<br>-101 | P/N       | DESCRIPTION                  |
|------|-------------|-----------|------------------------------|
|      | X           | D3914-101 | TUBULAR ASSY, LONG LID (350) |
| 1    | 2           | D3914-1   | RIB                          |
| 2    | 2           | D3914-7   | RIB                          |
| 3    | 9           | D4018-5   | RIB                          |
| 4    | 2           | D4035-043 | BASKET LID RIB ASSY, AFT     |



SECTION E-E C5-3

D4035-043  
RIB ASSY, AFT

D4035-043  
RIB ASSY, AFT



RELEASED  
2013-06-20

8 D3914-101 TUBULAR ASSY, LONG LID

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 14.10 lbs
- 8) TOLERANCE FOR XX.XX DIMENSIONS  $\pm 0.06$  FOR D3914-101
- 9) WELD PER DART QSI 004

|                                                                                                                                                                                                                                        |          |                                        |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                                 | AJS      | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                                  | AJS      | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                                | AJS      | DRAWING NO.                            | REV. C       |
| MFG. APPR.                                                                                                                                                                                                                             | AJS      | D3914                                  | SHEET 3 OF 4 |
| APPROVED                                                                                                                                                                                                                               | AJS      | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                               | AJS      | LONG BASKET LID ASSY (350)             | NTS          |
| DATE                                                                                                                                                                                                                                   | 13.03.13 | COPYRIGHT © 2010 BY DART AEROSPACE LTD |              |
| THIS DOCUMENT IS PROPRIETARY AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |          |                                        |              |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

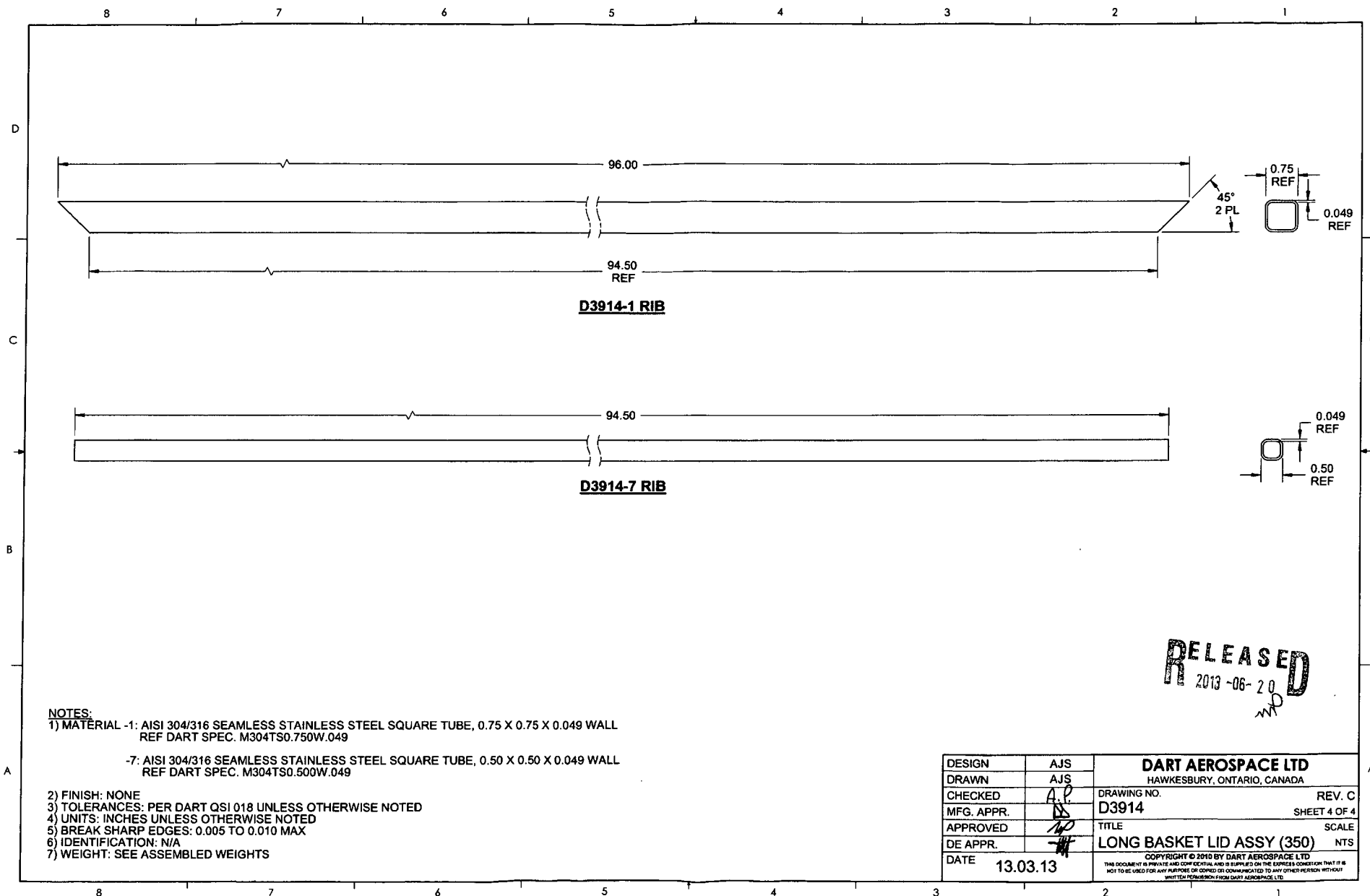


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| <input type="checkbox"/> OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

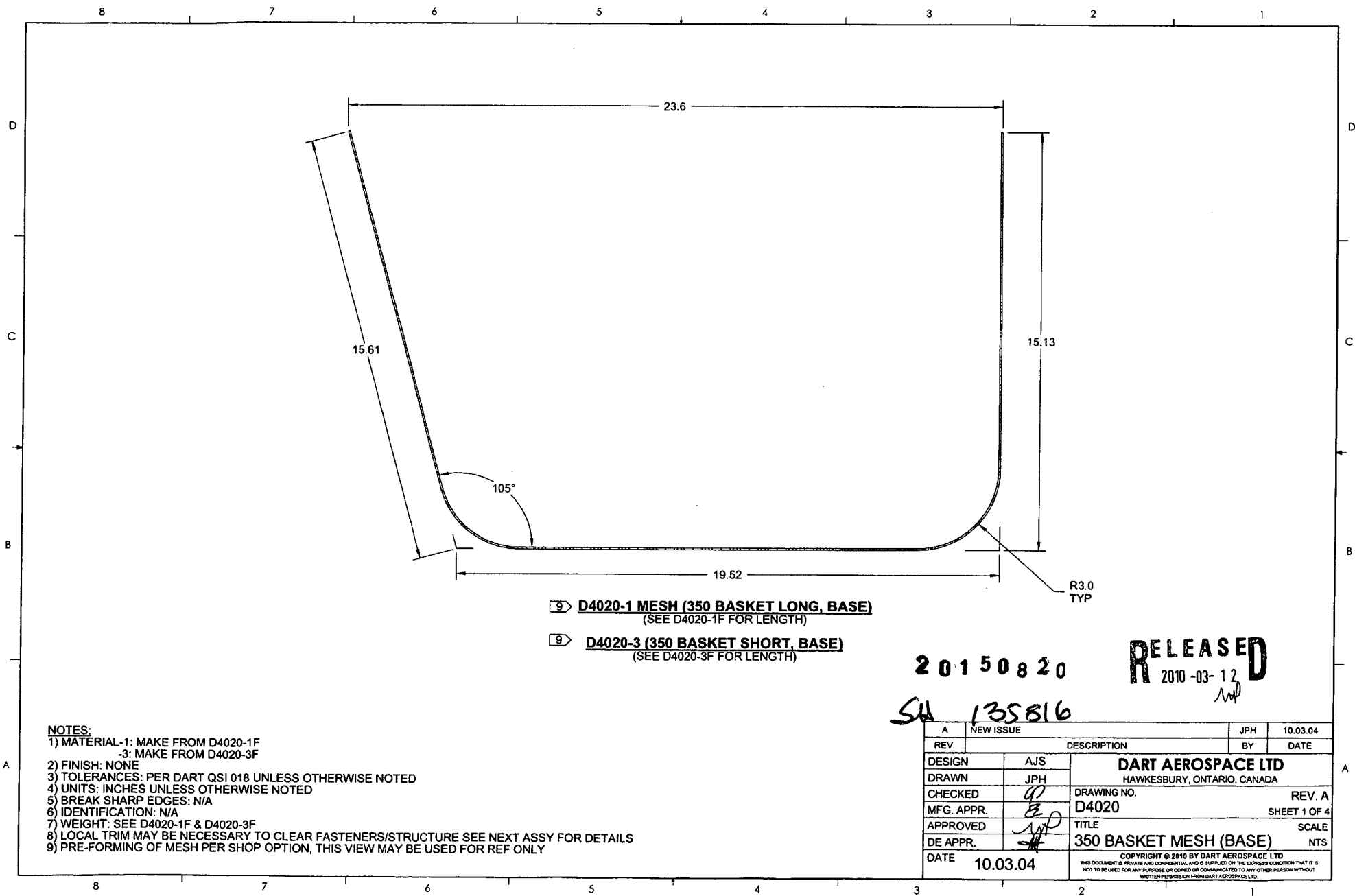


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

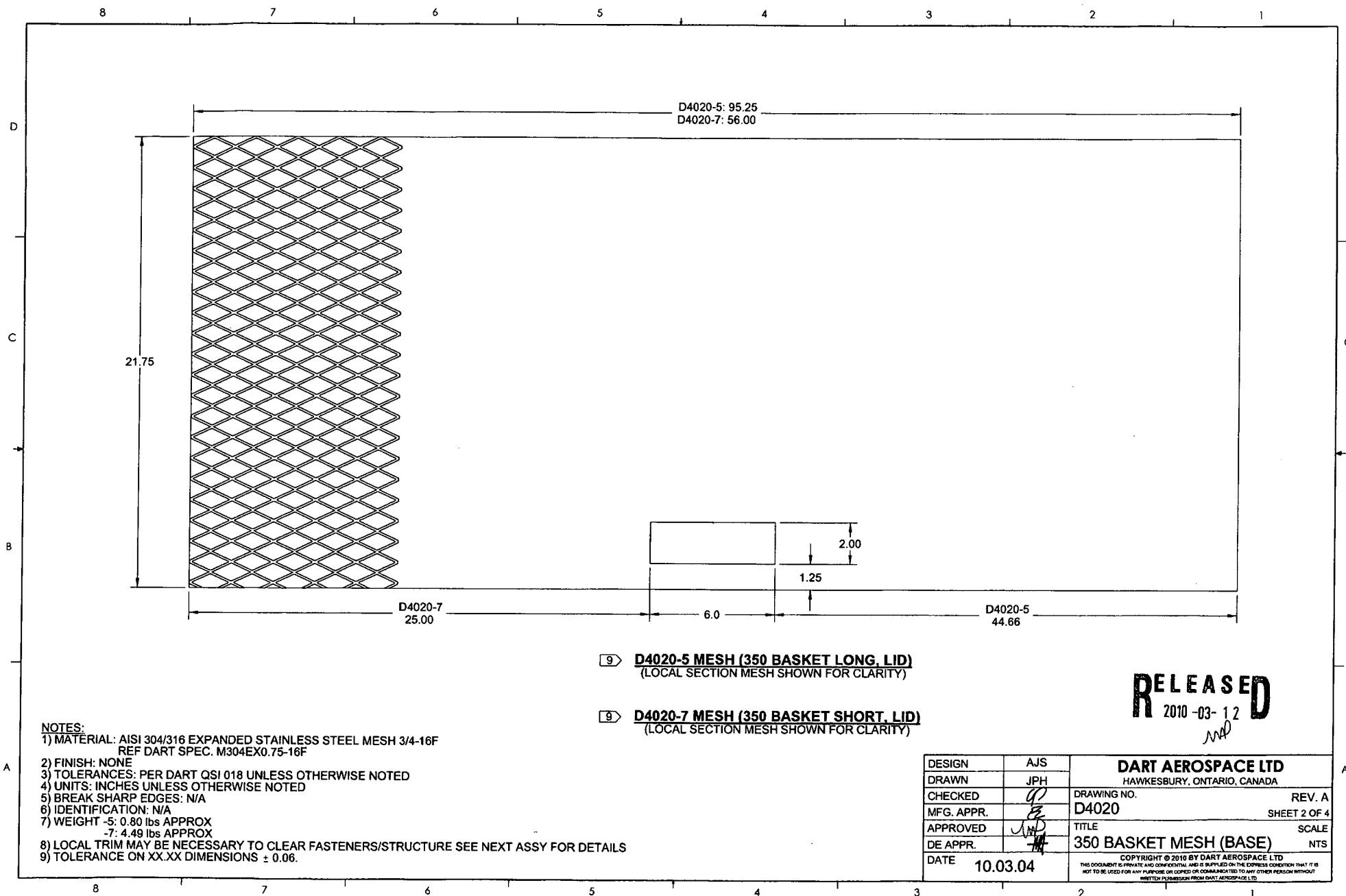


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                       |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Completed By                                 |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
| <div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex; justify-content: space-between;"> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

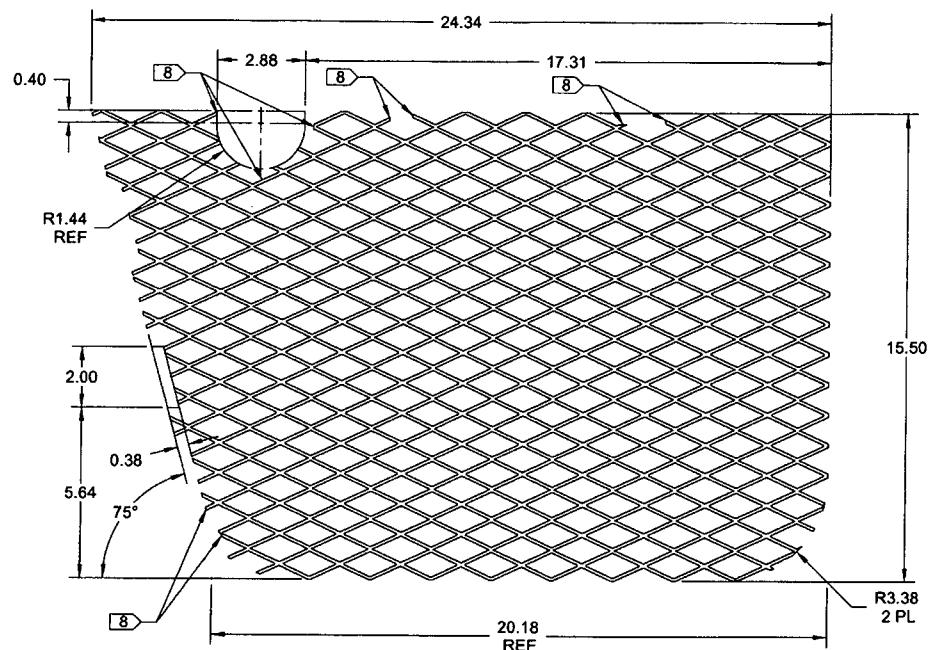


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                   |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                   |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                   |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                   |  |



9 D4020-11 END MESH, BASKET

NOTES:

- 1) MATERIAL: AISI 304/316 EXPANDED STAINLESS STEEL MESH 3/4-16F  
REF DART SPEC. M304EX0.75-16F
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.22 lbs
- 8) LOCAL TRIM MAY BE NECESSARY TO CLEAR FASTENERS/STRUCTURE SEE NEXT ASSY FOR DETAILS
- 9) TOLERANCE ON XX.XX DIMENSIONS  $\pm 0.06$ .

RELEASED  
2010-03-12

|            |          |                                                                                                                                                                                                                                                                                |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS      | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                       |              |
| DRAWN      | JPH      |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | JP       | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. A       |
| MFG. APPR. | JP       | D4020                                                                                                                                                                                                                                                                          | SHEET 3 OF 4 |
| APPROVED   | JP       | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | JP       | 350 BASKET MESH (BASE)                                                                                                                                                                                                                                                         | NTS          |
| DATE       | 10.03.04 | COPYRIGHT © 2010 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD |              |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

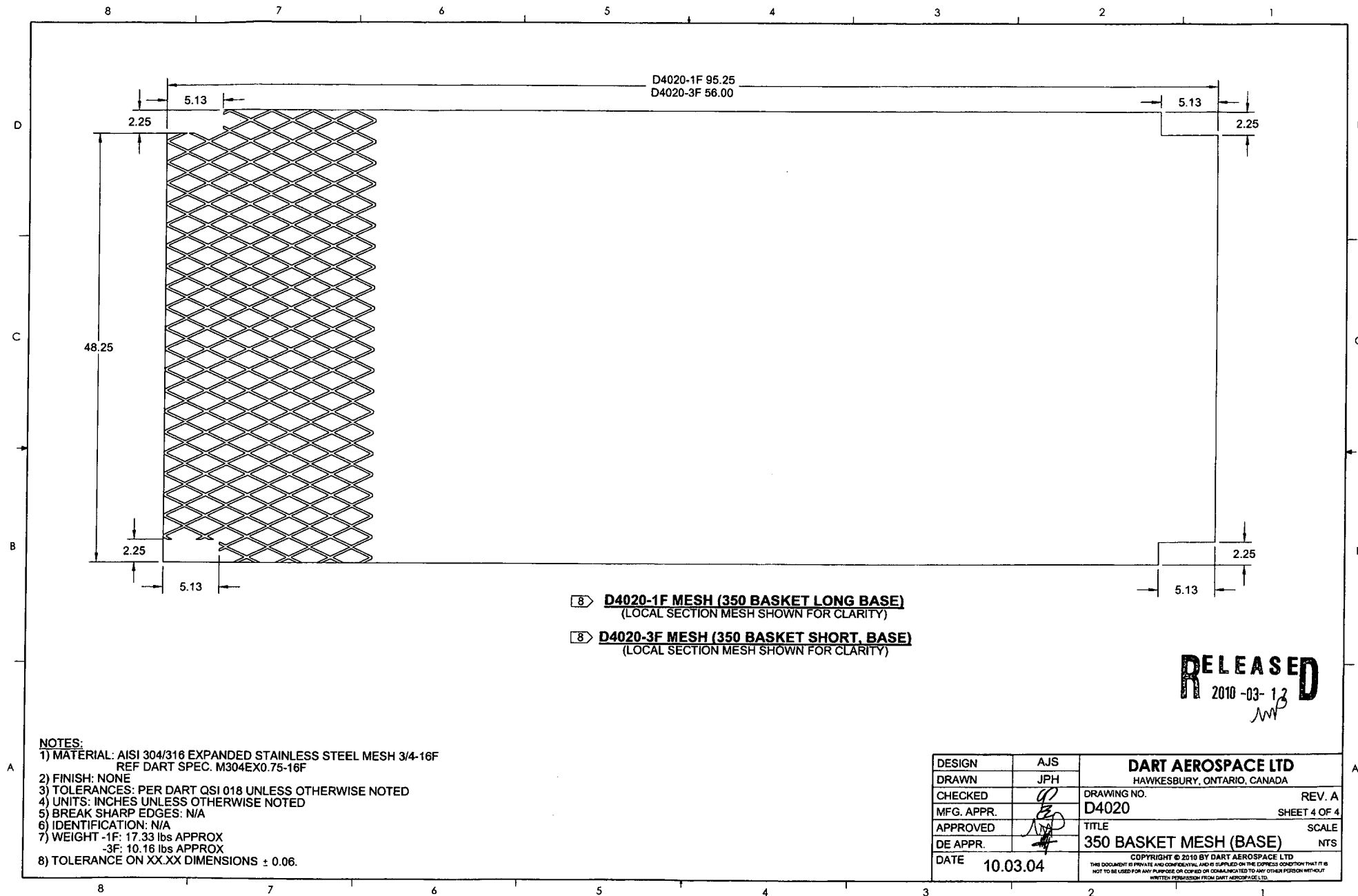


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |